

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-876)

SERIAL NO. **101089133**  
APPLICANT(S)

FILING DATE

**12/20/04 - 04/23/06 CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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50						
TOTAL IND.			2		1	
TOTAL DEP.			8		9	
TOTAL CLAIMS			10		10	

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						